Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS002331

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 1600 SW 56th (no rural route) City lincoln, NE Zip 68522

Legal Description 31 10 6 High Ridge West Acres 1st 3 2

1/4 | 1/4 | Section | Township | Range | Subdivison | Addition | Block | Lot

PID 10 31 102 027 000 *Approx. Address (If to be determined)

B. Owner

Name Mike Voecks Signature

Address 1600 SW 56th City/State/Zip lincoln NE 68522

Home Phone 402 202 2318 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip lincoln NE 68523

Work Phone 402 310 9160

D. Engineer

☐ **Check and complete if engineer designed system** P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By
Date

Business Office Use Only
Date Received 11/10/21 Amount Paid 450.00
Received By KJ Cash/Check No. CC#7668

White - Health Department Yellow - Engineer Pink - Building & Safety

Form A Updated: 4/15

Lincoln-Lancaster County Health Department (LLCHD)
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

B

Permit Number:

Onsite Wastewater Treatment System
Soil Evaluation Report

PLEASE PRINT OR TYPE

Onsite System Location

Address 1600 SW 56th (no rural route) City lincoln NE NE, Zip 68522

Owner Mike Voecks Address 1600 SW 56th

Date of Tests Nov 3 to Nov 4 Weather: Precipitation 0 Temperature 65°

Percolation Test Data Table

A.	B.	C. D. E. F. Saturation/Swelling Time				G. H. I. J. K. Water Level Drop Last 30 mins of 4 hr or last 10 mins of 1 hr					L. M. N. Results		
		Start		End		Start		Initial	End				
Hole No.	Hole Depth (in)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Date (Mo/Da)	Time (Hr/Min)	Water Lev (in.)	Date (Mo/Da)	Time (Hr/Min)	Elapsed Time Interval	Water Level Drop (in)	Percolation Rates (Min/in = mpi)
1	36"	11-3	4:PM	11-4	9:Am	11-4	9:Am	6	11-4	9:30	30	5/8	48
2	"	"	"	"	"	"	"	6	"	"	"	5/8	48
3	"	"	"	"	"	"	"	6	"	"	"	1/2	60
4	"	"	"	"	"	"	"	6	"	"	"	5/8	48
								6					
								6					
								6					
								6					

Person Conducting Percolation Test

Name: Kevin Lewis
Phone: 402 310 9160
Address 4810 W Claire Ave
Lincoln NE 68523

Sum of Percolation Rates: 204
Average of Rates: 51
Rate Used for Calculation: 50-60

Soil type (NRCS Maps/Other) AKsarben Silty clay loam 6-11% slope

Groundwater Depth Over 12

DO NOT WRITE BELOW THIS LINE

Reviewing Action

Comments (Soil type, groundwater, floodplain, etc.)

Signature of Reviewing Official Date

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 "N" Street • Lincoln, NE 68510-1514
Phone: 402-441-8022

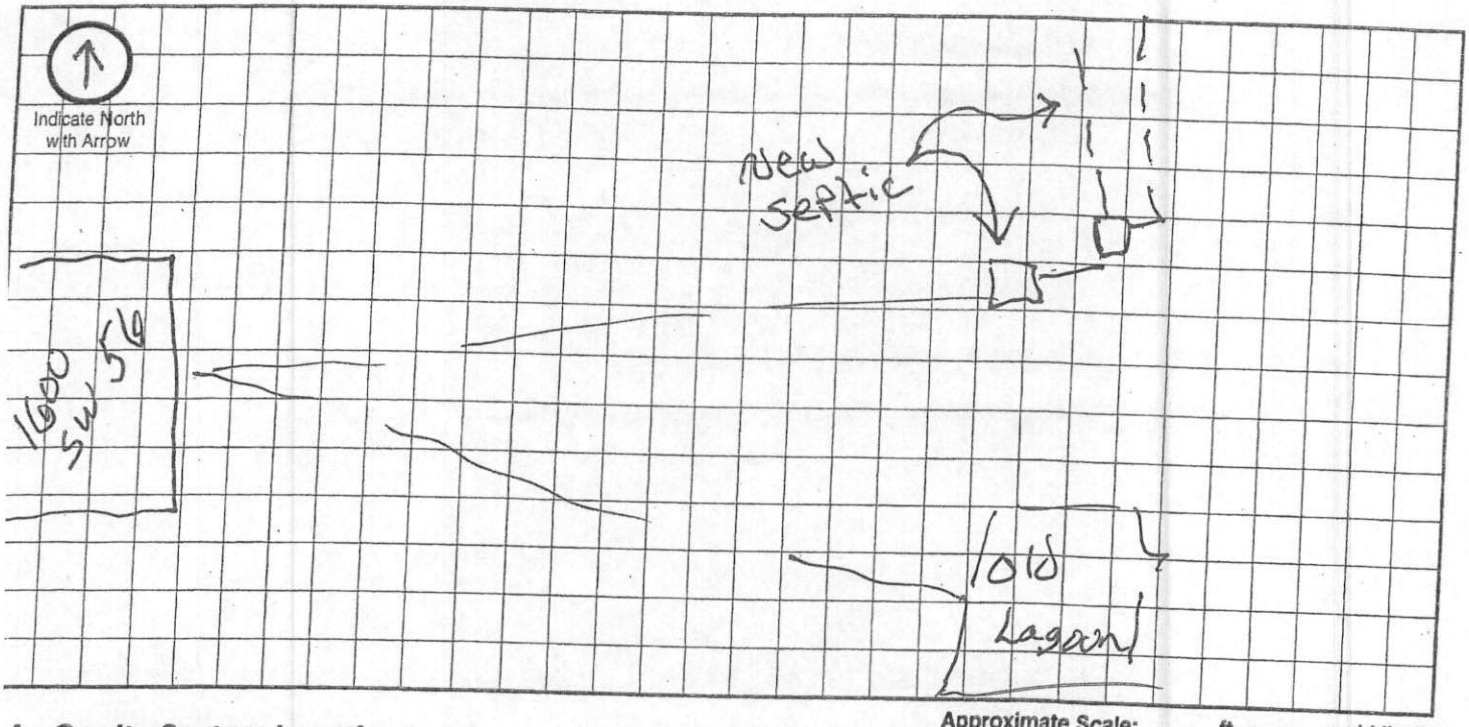
C

Permit Number:

Onsite Wastewater Treatment System

Preliminary Plan Specifications

Draw a plot plan showing onsite system sewer lines, drop of distribution boxes, tank, drainfields, percolation test holes, well, residence, direction of groundwater flow, property lines, and reserve area for replacement onsite system.



Approximate Scale: _____ft. = _____ grid line/s

A. Onsite System Location

Address (no rural route) 1600 SW 56th City Lincoln NE, Zip 68522

B. Proposed Septic Tank/s

Septic Tank Cap. 1500 gals Tank Material: ☐ Concrete ☒ Plastic ☐ Other_____ ☐ Lagoon(Max. seepage 1/8" per day)

C. Reserve Area for Replacement Onsite System

☒ Drainfield Absorption Area (percoloation test required) ☐ Lagoon

D. Drainfield Absorption System

Percolation Rate 51 (min/inch = mpi) No. of Bedrooms 3 Soil Type 7207 Moksaber Land Slope 6-11 %

☒ Trench ☐ Bed ☐ Non-Standard (engineer designed and NDEQ approved Total Square feet of drainfield 1080 sq.ft.

Total length of laterals 240' Type of distribution: ☐ Perforated pipe ☐ Half-Round ☐ Chamber ☒ Other EZ flow

No. of absorption trenches_____ Width_____ No. of drop boxes_____ Distrubtion Box_____

No. of absorption beds_____ Width_____ No of Distribution lines per bed_____

E. Setbacks Check the Boxes Below if the Required Setback has been Satisfied

Distance From	Private Well	Public Well	Surface Water	Gound Water	Pressure Water Lines	Property Lines	Foundations Yours	Foundations Neighbors	All Other Setbacks
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	25 ☐	20 ☐	15 ☐	25 ☐	☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	30 ☐	20 ☐	30 ☐	40 ☐	☐
Lagoon (ft)	100 ☐	500 ☐	50 ☐	N/A ☐	30 ☐	50 ☐	100 ☐	200 ☐	☐

Required Signatures

Name Building Contractor_____ Date_____

Installer_____ Date

Lincoln-Lancaster County Health Department
Environmental Public Health Division (402) 441-8027
3131 O Street Lincoln, Nebraska 68510-1514

ON-SITE WASTE WATER SYSTEM
CONSTRUCTION - INSTALLATION PERMIT
No. HS002331

System Type: Standard

Situs: No Site Address Specified

Issued: 11/19/2021

Expires: 11/19/2022

Description: HIGH RIDGE WEST ACRES FIRST ADDITION, BLOCK 3, Lot 2

Owner: VOECKS, MICHAEL J
1600 SW 56 ST
LINCOLN, NE 68522

Patricia D. Lopez

Patricia D. Lopez, RN, MSN, Health Director

Dear Applicant:

The above document is your permit to construct a new On-site Waste Water System at the location listed. Please contact this office once the sytem is complete in order to schedule a final inspection before use.

Patricia D. Lopez

Patricia D. Lopez, RN, MSN
Health Director

MIKE VOECKS
1600 SW 56TH
LINCOLN, NE 68522

Lincoln-Lancaster County Health Department
Environmental Public Health Division
3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

A

Permit Number HS002331

Onsite Wastewater Treatment System Permit Application

Include Form B and C. Submit correct fee with this Application

☒ Septic System ☐ Lagoon ☐ Other (Refer to Form C)

PLEASE PRINT OR TYPE

A. Onsite System Location

Address* 1600 SW 56+ (no rural route) City Lincoln, NE Zip 68522

Legal Description: 1/4 31 | 1/4 10 | Section 6 | Township High Ridge West Acres | Range 1st | Subdivison 3 | Addition 2 | Block Lot

PID 10 31 102 027 000 *Approx. Address (If to be determined)

B. Owner

Name Mike Voecks Signature

Address 1600 SW 56+ City/State/Zip Lincoln NE 68522

Home Phone 402 202 2318 Work Phone

C. Certified Installer

Name: Kevin Lewis Signature

Address 4810 W Claire Ave City/State/Zip Lincoln NE 68523

Work Phone 402 310 9160

D. Engineer

☐ Check and complete if engineer designed system P.E. License Number:

Designer Name Firm Work Phone

E. This system will serve a

☒ Residential Dwelling Number of Bedrooms 3 Whirlpool Bathtub? ☐ Yes ☒ No Total Acres

Garbage Grinder? ☒ Yes ☐ No

☐ Commercial Establishment/Other Facility Specify Design flow in gallons per day 400

Type of Wastewater ☐ Domestic ☐ Non-Domestic

DO NOT WRITE BELOW THIS LINE

Approval Process

1. Health Department
Site visits 12/1/21
Comments
Date rec'd 11/19/21
Date frwd 11/19/21
ACTION ☒ Approved ☐ Disapproved
Signature

2. Supt. Bldg. Insp. or Village Clerk
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

3. City or County Engineer
Comments
Date rec'd
Date frwd
ACTION ☐ Approved ☐ Disapproved
Signature

Installation Final Written Approval
By Doug Mueller
Date 12/2/21

Business Office Use Only
Date Received 11/18/21 Amount Paid 450.00
Received By KJ Cash/Check No. CC# 7668

White - Health Department Yellow - Engineer Pink - Building & Safety

DEPARTMENT 3140 N Street • Lincoln NE 68510-1514
Phone: 402-441-8643

Exhibit 5

Permit Number: HS002331

SCANNED

Onsite Wastewater Treatment System

Inspection Sheet

Date 12/2/21 Legal Description ¼ ¼ Section/Township/Range

Onsite System Location

Address (no rural route) 1600 SW 56th City

Owner Address

Mark One: ☒ Dwelling ☐ Non-dwelling

~~☐ New System~~ ☐ Alteration [☐ Tank Only ☐ Trench Only] ☐ Lateral Only

☐ Temporary modification (Describe problem causing discharge and reason for temporary modification):

Drainfield Absorption System:

☒ Lateral ☐ Bed ☐ Non-standard (engineer-designed and NDEQ approved) ☐ Holding Tank ☐ Trench

Total square feet of drainfield 1,080 Sq. Ft. Tank Size 1,500 gals

Total length of laterals 240' Type of Distribution: ☐ Chamber ☐ Perforated Pipe ☒ Other (describe) EZ Flow

No. of Absorption Laterals 4 Width 4.5 Vacta No. of Drop Boxes Distribution Box 1

Leveling Method Used Laser

Setbacks (Check the Boxes Below if the Required Setback has been Satisfied):

Distance From	Private Well	Public Well	Surface Water	Ground water	Pressure Water Lines	Property Lines
Tank (ft)	50 ☐	500 ☐	50 ☐	NA ☐	10 ☐	5 ☐
Field (ft)	100 ☐	500 ☐	50 ☐	4 ☐	25 ☐	5 ☐

Geographical Coordinates to 6 Decimals: NA

Tank

Lateral #1 Lateral #3

Lateral #2 Lateral #4

Comments:

Inspections prior to Final Approval
Initial OS Date 12/4/21
Follow-Up Date
Follow-Up Date
Installation Final Written Approval
By Joey Thrasher
Date 12/2/21

Field Note Drawing (See Reverse Side):

Updated 4/15

NSO02331

SUBJECT 1600 SW 56th

DATE SCANNED

28' T → SE corner of House
24' T → NE corner of House
8' T → DB
9'6" Riser → DB N, NE
31' C/O → SE Corner of House
7' Cond R → 22° elbo
18" Tank 18" drop @ Inlet & Riser

